· · · · · · · · · · · · · · · · · · ·						plication or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  99 855015											
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS	19				FR	ATE	FEE	1.	RATE	FEE	İ
FOR	NUMBER FILED		NUMB	ER EXTRA	BA	IC FE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS	19 minus 20=				×	\$ 9 <del>=</del>		OR	X\$18=.		ŀ
INDEPENDENT CLAIMS	H mi	nus 3 = *	• 		×	X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT						35=			.+270≟		ŀ
.* If the difference in column 1 is less than zero, enter "0" in column 2						TAL		OR OR	TOTAL		İ
CLAIMS AS AMENDED - PART II						, ·	<del>'</del>		OTHER		ŀ
(Column 1)		(Colum		(Column 3)	. 51	IALL	ENTITY	OR	SMALL		
REMAINING L AFTER AMENDMENT		PREVIOU PAID P	USLY	PRESENT EXTRA	R	ÁTE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AFTER AMENDMENT  Total  Independent  Independent	Minus	- 3	Ö	•	X	9=		OR	X\$18=		F
Independent • 1	Minus	<b></b> 3	<b>.</b>	•	×	<del>40-</del>		OR	X80=	7	ł
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						35=	<del>                                     </del>		+270=	/	
·		•				TOTAL		OR	107/4	·	
8205 (Column 1) (Column 2) (Column 3)							<del></del>	JOR	ADDIT. FEE	<u> </u>	
2 P 117 /s		HIGHE	81	(Column 3)		<u> </u>	ADDI	i 1		.,. 4000 A	ŀ
Total		PREVIOUS PAID F	USLY	PRESENT · EXTRA	R	ATE	TIONAL		RATE	ADDI- TIONAL FEE	
Total • 5	Minus	-02	9	- /	X	9_		OR	X\$18=		ŀ
Independent • /	Minus	*** \( \frac{1}{2} \)	)	• <u>/                                     </u>	×	<b>10</b> •		OR	X80-	<u>.</u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /						35=		OR	+270=		
						TOTAL		OR	TOTAL		ŧ
(Cotumn 1).		(Colum	ກ 2)	(Column 3)		i. PEE			ACCITIL FEEL	<del></del>	ŀ
CLAIMS REMAINING		HIGHE NUMBI		PRESENT	F	•	ADDI-			ADDI-	
REMAINING AFTER AMENDMENT  Total  Independent  Total  Total  Total  Total  Total  Total  Total  Total  Total		PREVIOL PAID F	USLY	EXTRA	R	NE	TIONAL FEE		RATE	TIONAL FEE	
Total	Minus	*		-	X	67		OR	X\$18=		ı
Independent •	Minus	***		8	· x	<u>-0</u>		OR	X80=		ŀ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											ĺ
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						35= 01AL		OR	+270=		
"If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  The "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE											
The Trighest Number Proviously Pai	ld For" (Total or	Independen	a) is the	highest number	found in	the ap	propriate box	t in cal	tumn 1.	•	

FORM PTO-676